DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34622

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 9160

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3520 N. Taylor Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ~~Edwin~~ EDWARD C. Duckworth 242

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Duckworth

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 1st, 1866 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 10 (State or foreign country)

10. Usual occupation Printer 4

11. Industry or business Retired 4

FATHER
12. Name Edwin J. Duckworth 4
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Elizabeth Brook
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant's own signature Mrs. Edna Shute
(b) Address 3520 N. Taylor Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/39 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 28 1939 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th year 1939 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 19-39, 19, to Oct 25, 1939 that I last saw him alive on Oct 25 - 1939 19 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia (left lower)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy left lower labor pneumonia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 10-22-39.
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Clarence G. Dunn (M. D. or other) 1
Address 1927 N. Main Date signed 10-26-39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Warren A. Carver

Licensed Embalmer No.....353X

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.